



SEX **MALE**

UNDETERMINED

OTHER SIGNIFICANT CONDITIONS

DESCRIBE HOW INJURY OCCURRED

BODY RECOVERED-WATER ONE MONTH AFTER DISAPPEARANCE

DATE/TIME OF INJURY

LACE OF INJURY

LOCATION OF INJURY

NAME AND ADDRESS OF CERTIFIER

THOMAS P. GILSON MD, 246 PLEASANT STREET, CONCORD NEW HAMPSHIRE 03301

MARGINAL NOTES CASE# OF DEATH, DATE OF INJURY, INJURY DESCRIPTION, LOCATION OF INJURY, DATE, LOCATION OF STATE, LOCATION OF INJURY STREET, NUMBER OF DEATHS, TYPE OF INJURY, TIME OF INJURY, TIME OF INJURY AM/PM AMENDED: 08/07/2001 PER SOUTH CENTRAL DEATH

602536

I HEREBY CERTIFY THAT THIS IS A TRUE ABSTRACT ISSUED FROM THE OFFICIAL RECORDS ON FILE AT THIS OFFICE.

ATTEST:

STATE/LOCAL REGISTRAR

William R. Bolton, Jr.
State Registrar

AUGUST 22, 2001

LACONIA

DATE ISSUED:

STATE CITY/TOWN OF:

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Y9-SP1